

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

27495

1. PLACE OF DEATH

County Saint Louis

Township St. Ferdinand

City Black Jack Mo.

Registration District No. 284

Primary Registration District No. 6030

(No. Funerary Dr.)

File No.

Registered No.

St. Ward)

2. FULL NAME

Frank Pope

(a) Residence, No. Funerary Dr. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred Unknown mos.

ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unk. abt 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. Abt 85

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (CITY OR TOWN) Saint Louis County (STATE OR COUNTRY) Missouri

13. NAME Unknown Pope

14. BIRTHPLACE (CITY OR TOWN) Unavailable (STATE OR COUNTRY) "

15. MAIDEN NAME "

16. BIRTHPLACE (CITY OR TOWN) " (STATE OR COUNTRY) "

17. INFORMANT August Nichols (ADDRESS) Black Jack, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Sept. 2, 1933

19. UNDERTAKER Charles J. Hays (ADDRESS) 4107 Finney Avenue

20. FILED 9-6 37 Emma J. Harris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1933 to Aug 30, 1933
I last saw him alive on Aug 27, 1933 Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Arterio Sclerosis
Date of onset Several years

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify Fratter J. Hays, M. D.
(Signed) 3825 N. 20th
(Address) 3825 N. 20th

